CFBHPP Committee

Meeting Summary
Henrico CSB – Conference Room C
Glen Allen

August 9, 2007

I. Welcome and Introductions — Brian Meyer

Brian asked members to introduce themselves. Committee heard updates on the System of Care conference scheduled for September 16-18 in Roanoke. Brian then provided information about Value Options, a company that has expressed interest in providing behavioral health services in Virginia and have met with members of the General Assembly and the Governor's office. Their power point presentation is on the Legislative website. Value Options is interested in case management and emergency services. Members encouraged to visit the Value Options website. Value (Options is a physician-owned company.)

II. Approval of Minutes — Brian Meyer

Brian asked for approval of the minutes. Motion to accept made by Anne Rollins, seconded by Gina Wilburn, minutes accepted.

III. Inspector General's Report — John Pezzoli

John Pezzoli presented a review of children's services. OIS is part of the Governor's Office with the charge of evaluating the quality and effectiveness of mental health services and programs licensed by DMHRMSAS, mental health programs in detention centers, some universities, etc. IG reports directly to the Governor. Services reports have been issued on emergency services, mental health case management, and substance abuse services. Discussion has occurred about conducting a study of children's services. www.oig.virginia.gov is the OIG website. The office plans to begin the study of children's services in September. The outline for the study includes: plan to touch areas beyond mental health services, CSB services or community services, some licensed and some not, mental health needs of children, main focus will be on main services CSBs provide and their networks. IG study will not replicate the JLARC CSA study. The design of the study; survey to 1) CSBs and providers, CSBs have a planning responsibility for services, 2) stakeholder surveys, individuals who use the services, CSA agencies at the state and local level, 3) service users, and site visits will occur.

Questions to be included in the survey:

- What are the needs and what are the service gaps?
- What makes the differences among communities?

- Does each board have identifiable children's services?
- Are services integrated?
- What service models are used, evidence-based practices, research-based?
- What are the differences between children served by CSB vs. CSA?
- What is the value system that guide decision making
- Qualifications and knowledge about children's services related to the boards' leadership?
- Will examine funding, local funds and other sources of funds.
- What % of the agency budget is dedicated to children's services?
- What is the capacity?
- What are the relationships with the community, do CSBs contract with other providers, is there competition for funds, what is the nature of relationships and partnerships, etc.?
- Is the CSB the central point of entry?
- Does the CSB have a leadership role for children's services?

Related to the major questions:

- What services does the CSBs provide and how close is the board to meeting capacity
- What are the priority needs
- Questions about staffing levels, training, experience, turnover issues.

Suggestions from committee about the study:

- Look at waiting lists
- Qualifications of providers, adult psychiatrists treating children
- Drill down on some of the questions
- Include schools in the survey list

IV. Web-based Psychiatric Bed Reporting System Deborah Waite

Deborah presented information about Virginia Health Information. Developed practitioner profile data base, first web-based data entry information system, displayed for consumers. Board of Medicine eventually took the contract in-house. Virginia Health Information is working on some other initiatives, for Anthem for multiple states, information systems specific to users' needs. The intent of the reporting system related to psychiatric beds; to track beds potentially available within the Commonwealth with contact information to learn specifics about bed availability. Virginia Health Information has not built the provider data base yet. Committee encouraged to visit the web site:

www.Vhi.org/beds2/
User name test user
Password beds 123

Virginia Health is interested in making the data user-friendly and readily accessible. Hospitals are accustomed to using the website. Information on the website is encrypted. The committee had extensive discussion about how accessible to make the website. Currently only individuals in the public mental health system have access to this site. The intent of the website is to provide information and not to manage mental health. There is no information collected about patients, the website is to access information about available beds. Deborah walked the committee through how to access and use the information on the website. Brian stressed the importance of reporting data. Question was asked about training; Virginia Information does not have any training planned but will offer tele-conference training session for new users. Members discussed facilitating a presentation at the VACSB Emergency Services Conference on the web system. Recommendation was offered for adding a drop-down for MR/DD to the information system for purposes of tracking. Deborah offered search options; bed type, facility, get number of beds available by specific criteria and all beds available, licensed and staffed beds, will provide information about occupancy. CSBs can offer information about what services are available, contact information, directions, etc. The potential exists that during the 2009 session, the statute that requires DMHRMSAS to report acute and residential utilization to the General Assembly can be amended and the data that the General Assembly requires can be accessed from the Virginia Information system. When administrative accounts are established, Virginia Information will capture demographic information, a broadcast e-mail system, survey information is collected, and the system has capability to follow up and broadcast to facilities related to updating information. Reports can be developed, data elements are tracked, etc.

V. Systems of Care **Janet Lung**

This agenda item postponed to the next meeting.

VI. OCFS Report **Shirley Ricks**

The 2007 report was finalized and submitted to the General Assembly. Shirley encouraged members to attend the JCHC meeting scheduled for August 16th to show support for the recommendations for the report. Shirley reported that DMHMRSAS asked her to prioritize budget requests for children's services. Shirley initially indicated that CFBHPP committee has asked for $41 million and she was supportive of the committee's recommendations. Around prioritizing areas Shirley asked for increase service capacity, $25 m including intermediate services, system of care, and school-based mental health services; workforce development, continuing child psychiatry and child psychology fellows and interns and family support for $100,000. Deputy Commissioner Ray Ratke is meeting with the HHR Secretary on Friday August 10th. For the presentation to the JCHC Behavioral Subcommittee, the budget recommendation for $41 million is integral to the report and presentation. The report was presented to SLAT at its recent meeting.

The First lady is planning a meeting for August 23rd from noon until 2:00, Senate Room 3 in the Capital. The Annie Casey Foundation will present the trends in foster care

and CSA. It will be a good opportunity to see what the data is telling us. August 28th from 10 until 12 there is a meeting with JLARC to discuss women's services.

Shirley told the committee she will keep them informed about Value Options. Shirley then provided an update on Foster Care Guidelines. The SEC will delay action on the guidelines and will meet in October to review the comments and make decisions toward full implementation in November. The localities are concerned about who is going to pay for services. Workgroups are continuing their work. The Secretary is interested in utilization management.

DMAS has a psychiatric community residence waiver with children and adolescents requiring intensive case management. Transition coordination may provide additional resources since the intensity of services cannot be done within the current fee structure for case management. Transition coordinators must meet some qualitative requirements; CSBs may not be doing transition coordination. Alternatives are under discussion. This level of intensity may mean 6-8 clients, some children could require up to 15 hours per week of services. Transition coordination would be separate from case management. The target population is children and adolescents already in residential care. Question was raised about whether CSA could contract for case management from CSBs.

Shirley distributed copies of the total state and federal funds for children's services. $31 million is going out to CSBs for community services. Shirley noted the discrepancies in funding between adult and children's services. Five times more funding is dedicated to adults than for children.

Rate study workgroup has met and will not make recommendations but observations. Half of the rates have not been changed since 1990 and some later. Related to the 1990 rates; if rates kept up with inflation, rates would have doubled. When the rate study is published, this committee will need to use this information to support funding recommendations. Only facilities kept whole are the state hospitals. There will be a report.

VII. Update on the Autism Workgroup-
Joint Commission on Health Care **Kim Snead**

The Joint Commission subcommittee on Behavioral Health Care was asked to look for a state home for autism; the committee has looked at autism for the past few years. Two workgroup meetings have been held, June 26 and July 13, more than 30 individuals attended each meeting. Report will be given to the sub-committee on September 19 and legislative options will be voted on at the November 8th meeting. Issues discussed on deciding on an agency; a single point of entry, consideration of differences in home and community based waivers for persons with MR vs. persons with developmental disabilities, provision of coordination of multiple types of services across the life span. Concerns of work group participants; funding for needed services, adequate staff training for agency assuming new responsibilities, expansion of public/private

partnerships, and effective utilization of resources and best practices in service delivery. At July meeting the workgroup participants voted unanimously to recommend for JCHC consideration of a request that HHR Secretary complete a feasibility assessment of renaming DMHMRSAS to service current clients and individuals with developmental disabilities. Parents of Autistic Children – Northern Virginia has indicated that their board voted to support establishing a separate agency for autism. Work group recommendations for Options to be presented to BHC Subcommittee and JCHC. Discussion occurred about this committee supporting the recommendations. More than likely, budget language and resolution will be a product of the JCHC once the recommendations have been finalized. The next meeting is August 20th 11:00 until 3:00 in the newly added section of the Capitol. The recommendations will be finalized at this meeting.

The JCHC Behavioral Health Subcommittee will meet on Thursday August 16, 2007 at 1:00 PM in Senate Room A of the General Assembly Building. Agenda for the meeting was distributed to committee members.

VIII. 2007 Report Follow-Up **Brian Meyer**

Brian reminded the committee about the committee's work related to making the report a reality, setting up meetings with other committees, work up materials, templates for letters, information we want to send out, political strategies, etc. The next meeting will be a working meeting around these activities.

IX. Adjourn

Motion to adjourn made by Don Roe and seconded by Mary Cole. Meeting adjourned. Next meeting of the committee will be held on September 13th.